

DIVISION OF REIMBURSEMENT SERVICES

ANALYSIS AND DEVELOPMENT

Director	Designs and develops methods and procedures for provider cost reporting and payment rate adjustments; also, conducts analyses and evaluation of program services. Provides direction and oversight of activities undertaken by the section.
Junior Auditor	Conducts analysis and evaluation of program specific reimbursement policies, financial and statistical data, rate setting methodologies, and recommends changes. Analyzes cost reports and calculates reimbursement rates and settlements.

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APPROVED 8-10-95
EFFECTIVE 4-1-95
SUPERSEDES 91-32

DIVISION OF MANAGED CARE

This Division is responsible for establishing and publishing Title XIX policies, procedures and reimbursement methodologies for certain provider services that differ from the indemnity model of financing health care services.

Staff: Division Director (50/50)

Deputy Division Director (50/50)

2 Medicaid Program Analysts II (75/25)SPMP

These staff are professional medical personnel responsible for evaluating the quality of care provided in each of the programs under division responsibility.

Administrative Secretary (50/50)

GEORGIA BETTER HEALTH CARE SECTION: This section is responsible for development and implementation of policies and reimbursement methodologies related to the primary care case management program operated under authority of a section 1915(b)(1) freedom of choice waiver.

Staff: Program Director (50/50)

Deputy Program Director (50/50)

3 Medicaid Program Analysts II (75/25)SPMP

These staff are professional medical personnel responsible for responding to quality of care concerns registered by enrolled Medicaid recipients through the Member Services toll free telephone lines and addressing provider health care or care coordination-related concerns with the program.

Medicaid Program Analyst I (50/50)

Principle Secretary (50/50)

2 Administrative Clerks (50/50)

HMO SECTION: This section is responsible for developing and implementing policies and reimbursement methodologies related to health maintenance organizations and prepaid health plans providing Medicaid services pursuant to authorizations at Title 42, Code of Federal Regulations, Part 434.

Staff: Medicaid Program Analyst III (50/50)

Medicaid Program Analyst I (50/50)

Operations Analyst (50/50)

Administrative Clerk (50/50)

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SUPERSEDES New

LEGAL AND REGULATORY SERVICES - DIRECTOR'S OFFICE:

Responsible for the supervision of and overall administration of the Office of Legal Services, Investigations and Compliance, Quality Control, Third Party Liability and Review Services.

Staff: Director (50/50)
 Administrative Secretary (50/50)

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SUPERSEDES NEW

OFFICE OF LEGAL SERVICES:

Responsible for administration of provider hearings, supervision of applicant and recipient hearings, reviews and/or drafting of manual revisions, contracts, executive orders, technical contract language, affidavits, briefs, and all other legal documents generated by the Department. Reviews legal issues for all divisions and offices within the Department. Acts as liaison with state Attorney General's Office.

Staff: Director of Legal Services (50/50)
 Director, Investigations (50/50)
 2 Attorneys (50/50)
 Project Manager (50/50)
 Senior Secretary (50/50)

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THIRD PARTY ADMINISTRATION SECTION:

Responsible for the identification, appropriation, maintenance and recovery of third party resources liable for the medical cost of a Medicaid recipient. Assures that Medicaid recipients and providers are in compliance with existing federal and state regulations involving Medicaid and third-party resources.

Staff: Liability Manager (50/50)
 TPL Field Review Supervisor (50/50)
 TPL Field Reviewer (50/50)
 TPL Supervisor II (50/50)
 Operations Analyst (50/50)
 Systems Analyst Associate (50/50)
 Human Services Program Specialist (50/50)
 9 Administrative Clerks (50/50)
 Senior Secretary (50/50)
 Principal Clerk (50/50)

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REVIEW SERVICES SECTION:

Performs quality review and on-going monitoring of the SURS contractor's performance. Completes sample review of cases selected for evaluation of the appropriateness and medical necessity of services provided to Medicaid recipients. The SURS monitoring process is assisted by the use of an automated exception reporting system which provides both provider and recipient statistical profile data. The section notifies the contractor of corrective action required to ensure program compliance in all areas of Departmental policy and Medicaid billing activities; also coordinates all policy and program development activities for the Recipient Lock-In program, provider prepayment review and Medicaid provider enrollment activities; and reviews responses from recipient survey letters which are generated to verify services billed and paid to Medicaid providers.

Staff: 1 Medicaid Policy Analyst II (75/25) SPMP
 2 Medicaid Policy Analysts I (50/50)
 1 Administrative Clerk (50/50)
 1 Principal Secretary (50/50)

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SUPERSEDES 91 J8

ELIGIBILITY AND QUALITY CONTROL SECTION:

Responsible for interpreting and establishing Medicaid policy in coordination with the Department of Human Resources and the Social Security Administration. Performs review of Medicaid beneficiaries identified through statistically reliable statewide sample of cases selected from the eligibility files. These reviews are conducted to determine if the sampled cases meet state Medicaid eligibility requirements. This section is also responsible for claim review under the Claims Processing Assessment System requirement and performs reviews of Medicaid claims identified through a separate sample for appropriate payment amount. Performs research activities related to inquiries received from Medicaid recipients.

Staff: Medicaid Policy Coordinator (50/50)
Medicaid Program Analyst III (50/50)
Quality Control State Supervisor (50/50)
TPL Supervisor I (50/50)
2 Human Service Specialists II (50/50)
Medicaid Program Analyst I (50/50)
Senior Operations Analyst (50/50)
QC Regional Supervisor (50/50)
Investigator (50/50)
12 Quality Control Reviewers (50/50)
7 Administrative Clerks (50/50)
Senior Secretary (50/50)

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SUPERSEDES 91-28

INVESTIGATIONS AND COMPLIANCE SECTION:

Receives and investigates complaints of provider fraud and abuse in the Medical Assistance program. Assists local law enforcement and District Attorney's Offices in preparing fraud cases.

Staff: Director (50/50)
 Secretary (50/50)
 Senior Investigator (50/50)
 5 Investigators (50/50)
 2 Regional Supervisors (50/50)

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DIVISION OF SYSTEMS MANAGEMENT

This Division is responsible for the coordination and liaison of all Medicaid Management Information System (MMIS) activities. Systems Management coordinates all departmental MMIS requirements with the Fiscal Agent. Functions are performed under two (2) subdivisions. All funding is 75/25 match since this division is MMIS related.

DIRECTOR'S OFFICE:

Staff: Division Director
Confidential Secretary
Deputy Division Director
Secretary-Typist
Operations Analyst, Senior
Principal Clerks (2)
Advanced Systems Analyst

CLAIMS SUBSYSTEM: Monitors all MMIS subsystems except recipient. Reviews exception reports to pinpoint payment problems or data entry reports. Submits test claims through the Parallel Systems Test (PST). PST is Georgia's version of BPST. Documents discrepancies (DRF form) for submission to the Fiscal Agent for resolution. Writes specifications for Design Change Requests (DCR form). Reviews all test results after EDS has completed changes and corrected any problems. Approves test results for implementation by the Fiscal Agent.

Coordinates claims pricing, edits and audit requirements with all divisions of Medical Assistance. Coordinates all updates to the reference files. This includes mass updates when rates are increased as well as adding or deleting individual services as changes are needed. Coordinates HCPS changes with HCFA Regional Office and Central Office.

Responsible for working with departmental staff to develop mass adjustment requests as needed. Coordinates the tracking of mass adjustment requests and works with users to resolve problems related to mass adjustments. Assists all departmental personnel in developing Ad Hoc Report Requests. Responsible for tracking all updates to the MMIS Detail System Design documentation.

Staff: All positions are (75/25) MMIS
Operations Analyst Supervisor (1)
Advanced System Analyst (3)
Senior Systems Analyst (5)
Operations Analyst Associate (1)
Administrative Clerk (1)

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RECIPIENT ELIGIBILITY SUBSYSTEM:

RECIPIENT DATA BASE: The Recipient Data Base Unit maintains and updates the Recipient Eligibility Subsystem which contains 1,477,968 records (1,058,918) eligibles). The unit also manually loads all data necessary to effect nursing facility vendor payments. Personnel also researchs and makes final disposition on pended claims (all types) that are submitted with eligibility documentation.

MEDICAID CARD CONTROL: This unit is responsible for controlling and processing information from DHR/DFACS offices and the Social Security Administration in order to issue initial and emergency (lost/stolen) Medicaid cards.

RECIPIENT SYSTEMS ANALYSIS UNIT: Performs all monitoring, coordination and liaison functions for Recipient Subsystem. This unit also coordinates with HCFA the enrollment/premium payment for 142,000 Medicare/Medicaid eligible throughout the state.

Staff: All positions are (75/25) MMIS
Operations Analyst Supervisor
Senior Systems Analyst (3)
Office Supervisor (2)
Principal Clerk (1)
Administrative Clerk (16)
Operations Analyst Associate (1)

ELECTRONIC DATA PROCESSING (EDP) ENGINEERING SUPPORT: Primary responsibility for operation and maintenance of the Local Area Network (LAN) for the Department of Medical Assistance (DMA). The secondary responsibility is to install, test, trouble shoot, and maintain approximately 300 personal computer (PC) work stations.

Staff: All positions are (75/25) MMIS
EDP Supervisor
Programmer (1)
EDP Engineering Support Technician, Senior (1)

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